



A Decade of Advancing Patient-Centered Care:
The 10th National CAHPS® User Group Meeting



**Use of CAHPS® Database by
Researchers: Findings Related to
Differences by Race and Ethnicity**

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Highlights



- *Hispanics and (especially) Asians tend to report more negative experiences with health care*
- *Among Hispanics and Asians, those who speak a language other than English report more negative experiences with care*
 - Language effect bigger than race/ethnicity effect
 - Some variance in Spanish language effect by insurance and region of country

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Highlights Continued



- ***There are between and within plan disparities***
 - Within plan differences exceed between plan differences
- ***Greater disparities in care are observed for reports than ratings of care***

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Four Main Datasets



- ***1994 UMGA (n = 7,093)***
 - 65% female; 93% high school grad; 10% Hispanic, 4% Asian, 3% AA
- ***1998 NRC Health Care Market Guide (n = 98,204)***
 - 64% female; 94% high school grad; 3% Hispanic, 1% Asian, 6% AA
- ***2000 CAHPS Health Plan Survey for Medicaid managed care (n = 49,327)***
 - 77% female; 65% high school grad; 20% Hispanic, 5% Asian, 24% AA
- ***2002 CAHPS Health Plan Survey for Medicare managed care (n = 125,369)***
 - 58% female; 59% high school grad; 7% Hispanic, 7% AA, 4% other race/ethnic minorities

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Asians tend to have the most negative perceptions of care



- **6,911 Unified Medical Group Association patients**
 - 72% of Asians vs. 55% whites believed improvement needed in obtaining treatment (Snyder et al., 2000)
- **120,855 National Research Corporation Healthcare Market Guide respondents (Haviland et al., 2003)**
 - e. g., confidence in plan's doctors rated 1/3 SD less favorably
- **Especially Asians who speak a language other than English**
 - National CAHPS Benchmarking Database
 - 28,354 adults and 9,540 children in Medicaid (CAHPS Health Plan Survey 1.0)
 - 49,327 adults in Medicaid for Health Plan Survey 2.0
 - Less favorable reports (1/2 to 1 SD) by non-English speakers compared to whites (getting needed care, getting care quickly, communication, staff helpfulness)

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Hispanics also have less positive experiences with care



- **More negative perceptions of adult and children's care than non-Hispanic whites**
 - 9,540 children in Medicaid for Health Plan Survey 1.0 (Weech-Maldonado et al., 2001)
 - 49,327 adults in Medicaid for Health Plan Survey 2.0 (Weech-Maldonado et al., 2003)
- **Especially Spanish-language Hispanics**
 - More negative perceptions of provider communication than reported by Latino/English or non-Hispanic white respondents in sample of 6,911 adults (Morales et al., 1999)

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Hispanics compared to whites in Medicare managed care

- *Hispanic-English reported worse experiences with care than whites for all dimensions except provider communication*
- *Hispanic-Spanish reported worse experiences with care than whites for several dimensions of care (including provider communication), but better perceptions of getting needed care*


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Hispanic-Spanish compared to Hispanic-English

	<i>FL</i>	<i>Other</i>	<i>Versus Whites</i>
<i>Communication</i>	+	---	---
<i>Staff helpfulness</i>	+	---	---
<i>Getting needed care</i>	NS	NS	+

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Within plan effects account for majority of race/ethnic differences



- *Vulnerable race/ethnic subgroups (e.g., African Americans, Hispanic-Spanish speakers, non-English language whites) more likely than white-English language speakers to be clustered in worse plans.*
- *But within plan differences by race/ethnicity exceeded between plan differences.*

Weech-Maldonado et al. (2004)

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Staff Helpfulness



	<i>Between</i>	<i>Within</i>	<i>Overall</i>
<i>Asian/non-English</i>	<i>-0.64</i>	<i>-9.15</i>	<i>-10.27*</i>
<i>American Indian</i>	<i>-0.25</i>	<i>-3.34</i>	<i>-3.71*</i>
<i>Missing Race</i>	<i>-0.52</i>	<i>-2.85</i>	<i>-3.84*</i>

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Provider Communication



	<i>Between</i>	<i>Within</i>	<i>Overall</i>
<i>Asian/non-English</i>	<i>-0.64</i>	<i>-6.52</i>	<i>-7.16 *</i>
<i>American Indian</i>	<i>-0.25</i>	<i>-1.69</i>	<i>-1.93</i>
<i>Missing Race</i>	<i>-0.52</i>	<i>-1.59</i>	<i>-2.11</i>

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Differences in reports greater than for ratings



- *Compared to whites, Asian adults reported worse experiences with care but similar global ratings in commercial and Medicaid plans (Morales et al., 2001)*
- *Worse reports of care but similar global ratings for Asian children compared to whites in Medicaid managed care (Weech-Maldonado et al., 2001)*
- *Correlations between global ratings and reports differed for Spanish and English language respondents to CAHPS Health Plan Survey 2.0 (Morales et al., 2003).*

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Conclusions about differences in reports about care



- A) *Reports about care are not psychometrically equivalent for Asians and Hispanics compared to whites***
- B) *Care delivered to Asians and Hispanics is not as good as care for non-Hispanic whites***
- C) *Both A & B***

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Assessing psychometric equivalence



- ***CFA supports equivalence of Health Plan Survey 1.0 data for Hispanics and non-Hispanic whites (Marshall et al., 2001)***
- ***Similar reliability and construct validity for English and Spanish language respondents to the 2.0 version of the Health Plan Survey (Morales et al., 2003)***
- ***2 of 9 rating items displayed DIF between Hispanics and non-Hispanic whites (Morales et al., 2000).***

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If reports about care are not psychometrically equivalent:



- ***Might be able to adjust using anchor items***
 - “parking item”
 - IRT (items shown to be equivalent)
- ***Stratified reporting of results***

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Disparities in health care experiences indicate

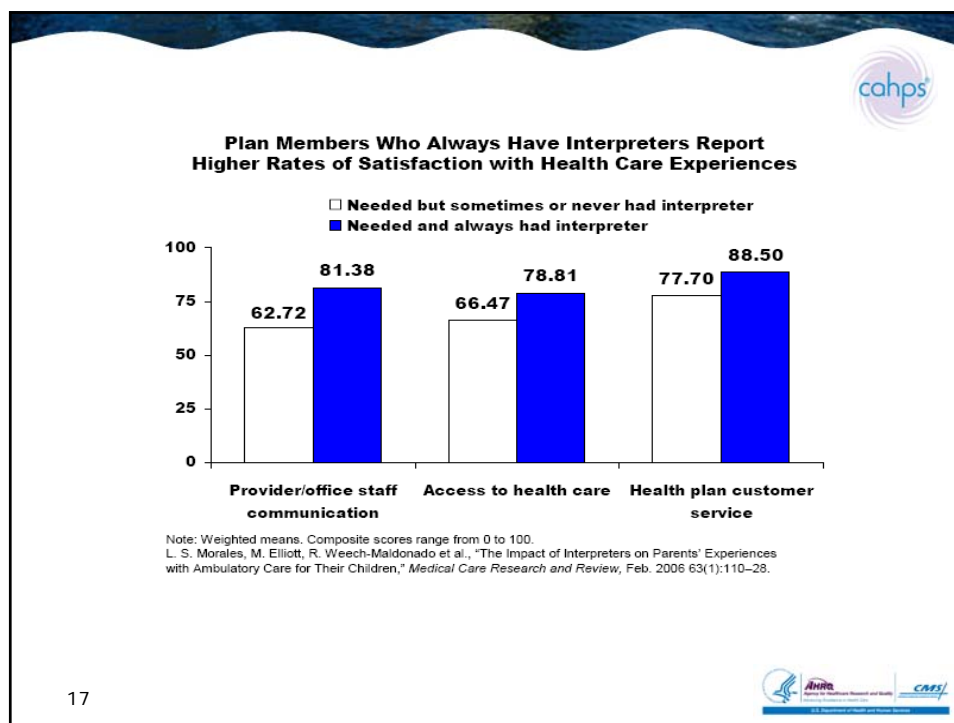


- ***Opportunities for improvement in care***
 - Provide professional translators
 - Cultural competency training
 - Employ bilingual providers
 - Provide transportation

Smedley et al. (eds.), Unequal treatment: Confronting racial and ethnic disparities in health care. IOM Committee on understanding and eliminating racial and ethnic disparities in health care, 2003.

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Acknowledgements



Marc Elliott
Leo Morales
Karen Spritzer
Robert Weech-Maldonado







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